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APPLICANTS

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** CONTINUING DATA ***** *NONE 875 11/12/04*

** FOREIGN APPLICATIONS ***** *NONE 875 11/12/04*

IF REQUIRED, FOREIGN FILING LICENSE

** SMALL ENTITY **

GRANTED

** 06/01/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after conditions met	STATE OR COUNTRY TN	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>875</i>	Initials				

ADDRESS

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TITLE

Stroller and safety seat combination

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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